

# Board of Health, City of Baltimore,

Permit No. 99110

Office of Registrar of Vital Statistics.

Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr. 7<sup>th</sup> 1887

Full Name of Deceased, Thomas J. Maile { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, — Years, 4 Months, 16 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Batts. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 855 Park Ave.

Cause of death, { First, (Primary), Second, (Immediate), } Pleuro-Pneumonia

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 9<sup>th</sup> 1887

Undertaker, Stewart Mowbray

Place of Business, 215 + 217 Park Ave

Address, Dr. Brooke Boyce

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



Health Department, City of Baltimore.

Permit No. 99111

Office of Registrar of Vital Statistics.

Ward 12<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7<sup>th</sup> 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Raphael Walter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 71 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, {Give Street and Number.} 1506 Eutaw Place

Cause of Death, {First (Primary), Cause of Death, {Second (Immediate),} Heart - Exhaustion.

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, April 10<sup>th</sup> 1887

Undertaker, Stewart Moore

Place of Business, 215 & 217 Park Ave. Address, 36 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99112 Office of Registrar of Vital Statistics.

Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, or the Undertaker, or other person superintending the burial, shall, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 8<sup>th</sup> '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isidac Reynolds

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 64 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, Wh.

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Collector

Birth Place, { State or country, and how long in the United States, if of foreign birth. } West Indies

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, { Give Street and Number. } 862 N. Howard St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus Senilis (Post-mortem examination made by St. M. F. Councilman)  
Exhaustion

Duration of Last Sickness, about 10 weeks

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cemetery

Date of Burial, April 11<sup>th</sup> 1887

Undertaker, Stewart Mowin M. D.

Place of Business, 2154 217 Park Ave Address, Park Ave & Madison St

Medical Attendant.

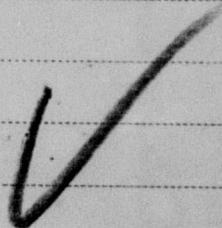
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



B





# Health Department, City of Baltimore.

Permit No.

99113

Office of Registrar of Vital Statistics.

Ward

6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 8, 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

William V. Kremer

Sex, Male or Female,

Cross out the word not required in this line.

Age,

47

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Organ Dealer

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore, Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

Give Street and Number.

2050 Hoffmann Street

Cause of Death,

First (Primary),

Nervous Depression

Second (Immediate),

Paralysis - Cordiac

Duration of Last Sickness,

One hour

All the above information should be furnished by the Physician.

Place of Burial,

Louisa Park

Date of Burial,

April 10<sup>th</sup>

Undertaker,

Geo Schilling

Place of Business,

Ashland Square

Address,

429 N. Gay Street

J. J. Mautsner

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



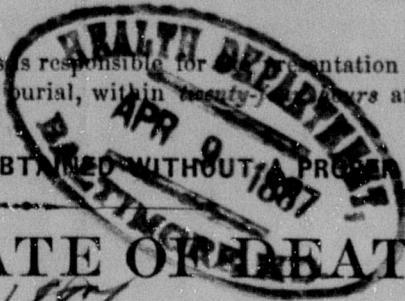
# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. *99114*

The Physician who attended any person in a last illness is responsible for the accuracy of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



*B*

## CERTIFICATE OF DEATH.

Date of Death, *April 8th 1887*

Full Name of Deceased, *Ann J. Kimble*

Sex, *Male or Female*, *Female*

Age, *Sixty five* Years, *—* Months, *—* Days.

Color, *white* Sex, *—*

*Married, Single, Widow or Widower*, *Single*

Occupation, *none*

Birthplace, *Lancaster Co Penna*

Duration of Residence in the City of Baltimore, *six weeks*

Place of Death, *3110 Dillon St*

Cause of Death, *Tabular (inter) dy of heart*  
*Hemiplegia - other complication*

Duration of Last Sickness, *Attended her two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *Nottingham, Chester Co Penna*

Date of Burial, *April 9th 1887*

Undertaker, *H. Sanderford*

Place of Business, *1708 1710 Canton Ave*

*W. R. Way M. D.*  
Medical Attendant.

Address *414 S. Patterson Park Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.



HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of

# Health Department, City of Baltimore.

Permit No. 99115 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 7<sup>th</sup> 1887

Full Name of Deceased, Ann Brown { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 30 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Dairy - Milkmaid

Birth Place, Ireland { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 38 years

Place of Death, 120<sup>3</sup> Calhoun St { Give Street and Number. }

Cause of Death, Typhoid - Malaria  
Heart failure  
{ First (Primary), \_\_\_\_\_ Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 9<sup>th</sup> 1887

Undertaker, M Cadogan Mr R McNamee M. D. Medical Attendant.

Place of Business, 227 Mulberry St Address, 582 N Taylor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99116

Office of Registrar of Vital Statistics.

Ward

10<sup>2</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 8th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Richard Daws

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years,

Months,

Days,

Color,

white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

634 W. Fayette St.

Cause of Death, { First (Primary), Second (Immediate), }

Pneumonia

Duration of Last Sickness,

one week

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt

Date of Burial, April 11-1887

Undertaker, Wm Weaver

John A. Quinn

M. D.

Medical Attendant.

Place of Business, 738 N. Eutaw

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore

Permit No. 99117 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 7 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Moritz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 38 Years,        Months,        Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Tailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give Street and Number. } 1830 Alice Ann St

Cause of Death, { First (Primary), Second (Immediate), } Consumption of the Lungs

Duration of Last Sickness, Three years.

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park Cemtry.

Date of Burial, April 10th 1887

{ Undertaker, Wm. Sciclano Medical Attendant, D. J. Fennell M. D. }

{ Place of Business, 1715 Alice Ann. Address,        }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 99118

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Laura Zimmerman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 Years, 4 Months,    Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Wilmington

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } W. S. C. Hospital

Cause of Death, { First (Primary), Second (Immediate), } Marasmus  
Asphyxia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Fondren Park

Date of Burial, April 9

Undertaker, C. H. Blyden

T. A. Arkley

M. D.

Medical Attendant.

Place of Business, 1135 Pen a Address, 1125' Modeler col

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99119 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances Chambers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 83 Years, 1 Months, 21 Days.

Color, White

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Most of her life

Place of Death, { Give Street and Number. } 1510 Mulberry St

Cause of Death, { First (Primary), Second (Immediate), } Old age  
Cancer of the Rectum

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 9/87 Elias C Price M. D.

{ Undertaker, Denny & Mitchell Medical Attendant.

{ Place of Business, 1201 N. Fayette Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]